

Online supplement – Interview Transcripts:

The patients' experiences as presented in the main manuscript are shown in italics followed by the interview transcripts that support the observations reported.

When the inpatient unit transitioned to telepsychiatry, Ms. D worried that her doctors would be less capable of accurately evaluating her over the phone. She felt that her body language and hand gestures were crucial to understanding her mood and personality, and she feared that with telepsychiatry, physicians would not pick up on this type of communication

D: At first I was definitely a little bit hesitant because I think that the human interaction was helpful.... I think that you guys, the doctors, would be able to see more of my personality through human interaction, because I feel like I wasn't used to that technology, the screen and so I may not give you my full entire self because I was hesitant, because I was on camera, or something like that. It would be a little bit difficult to communicate my thoughts not being in person, just because I use hand signals and I'm a lot livelier in person that you can't really see through a computer screen.

Q: So you were concerned about whether or not your personality would come through, it sounds like.

D: Exactly, yeah.

When her first treatment team rotated off the service, Ms. D did not completely trust that her new team would be able to make an accurate diagnosis or sound treatment decisions based solely on videoconferencing interviews.

D: I feel like, how could they make this decision about me when they don't really know who I am and I barely talked to them on [videoconferencing]? How could they make this decision about my diagnosis when they—I've been around for 26 years and they've talked to me for all of three minutes on the phone. How can they make a diagnosis and tell me this is my problem when they barely even know how I interact, how I actually am on a day-to-day basis actually in person?

Ms. D had the impression that during her virtual interviews she did not have the doctors' full attention. She felt the interactions were rushed, and that time was not left for adequate back-and-forth conversation. Overall, she found the experience dehumanizing.

Ms. D: From a patient perspective it does feel a little dehumanizing because it seems like you guys would just ask the questions and I didn't really necessarily have a prepared conversation prepped. I would have probably been able to have a little bit more time to think things over if we were in person. Because when you're in person—there was a lot less time spent on video chat, and I think that as a patient, sometimes

talking to a computer, you don't necessarily feel like you get the doctor's full attention.... It did seem like it's kind of, like, recorded. It comes across as not what I would necessarily—I guess yeah, the whole thing was a little bit dehumanizing from the patient's perspective.... Sometimes it just seemed like I was asked a few questions and then it was over.

She found that the nurses' physical presence on the unit helped her with this transition and she felt that her ability to work with the in-person staff that remained was an important element of her recovery.

D: Being able to talk to the nurses, being able to get everything we wanted from the nurses really did help the treatment.... They really contributed, definitely, to my recovery, primarily because I was actually engaging with them. They were giving me all the tools and everything that was needed. You guys were mostly just focusing on the medicine. The nurses were really what helped, and me interacting with them really helped my recovery because they were—I felt like I was heard.

Reflecting back on her two psychiatric admissions—the first where all treatment was provided in person, the second where some treatment was provided remotely—Ms. D felt that her care during her second hospitalization had been better. Despite her criticisms of video conferencing, Ms. D felt the psychiatry team had made good

decisions regarding her medication regimen and that her hospitalization had changed her life for the better.

D: It's kind of hard for me to reflect back on [the other hospitalization] because I don't necessarily remember it vividly. I feel like I was so knocked up on medication, like they put me on Haldol for a lot of it, I wasn't sleeping, so I have a lack of memory during my time there and it's all meshing together.... I guess looking back on it, the screen has nothing to do with it because the decisions that were made at [the other facility] were not what I was needing.... It's interesting to reflect on. My experience was entirely different at Northwestern, it was so much better at Northwestern that I can't even compare the two because they were that different.... I was not trying to diminish anything that you guys did, because I think that going to Northwestern changed my life. So, everything that you guys did was spot on.

Ms. N did not find the switch to a telepsychiatry model disruptive. As a nurse, she felt the shift was reasonable and would decrease the risk of disease transmission to patients and staff. Even though she thought video conferencing was less personal, she did not feel like it made a significant difference in her care.

N: I thought it made sense. So that you guys weren't bringing germs in, or risking yourself either. So, it made sense to me.... I come from a healthcare background, I'm a nurse. So, like, if you could do your job remotely, it made sense to be able to do that,

whereas like the nurses and aids and stuff like that they couldn't do their job remotely and so they had to come in and use their personal protective equipment.

Q: So it sounds like that change in dynamic didn't really change your perception of making the psychiatrists seem more distant and the nurses more like your primary care givers.

N: I mean a little bit. It does feel a little bit less personal, but, not enough to make that big of a difference.

When her treatment team changed, Ms. N found working with her new doctors challenging, but she attributed this to personal struggles and difficulty trusting new people rather than to the videoconferencing technology itself. She was comfortable with treatment adjustments made by her new team and assumed that psychiatrists were able to make good decisions by working collaboratively with nursing staff.

N: I trusted that they would do a good job. I struggle with change, that's just a personal struggle that I have. So I probably would have had the same struggles if I would have met them in person as when I met them on the iPad.

Q: What did you think when your treatment providers told you that they thought you were ready for discharge given that you had never met them in person?

N: Well, I trusted that they were talking to the nurses who were seeing me in person and stuff like that. I don't know. And I was being transferred to a residential facility instead of going home. So that was not that difficult of a transition.

Q: What advice would you have for patients who receive their care remotely during this period.

N: Let them know that they are receiving the same care that they would receive if they saw I psychiatrist in person, it's just over a screen.

Ms. N was satisfied with telepsychiatry on the inpatient unit and noted some benefits of remote treatment. Specifically, she reported that when multiple psychiatrists had physically entered her room as a team in the past, she found the experience intimidating. Telepsychiatry was less uncomfortable.

Q: What's your impression of engaging with psychiatry remotely?

N: It's fine. I'm not sure that it would have made that much of a difference. In some ways because of all the residents, it made it easier because there weren't as many people in one room. So, multiple people coming in and out of your room can be intimidating.

Q: It sounds like it was more like a level playing field in a certain way, in that there was one interface?

N: Yeah

Q: How do you think that affected the conversations?

N: It was fine. I liked it better when I could see you guys then a couple times where I couldn't see who I was talking to, and that felt very impersonal. When I did see you with the camera, it was okay.